

Examples of legal text from the project 'Legislating for universal access to medicines'

Original article: *Legislating for universal access to medicines: A rights-based cross-national comparison of UHC laws in 16 health systems*

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This Annex presents an overview of innovative text for access to medicines identified in national UHC legislation (listed in Table 3). The legal texts below have been edited for clarity. The original texts in the national language and English can be found in the respective country profiles in our online appendix.

1. Right to health including essential medicines

Indonesia - Law No. 36/2009 (2009)

Art. 4 enshrines the right to health of every individual.

Art. 5(1) recognizes the equal right to (gain) access to health resources, which include medical supplies and pharmaceutical preparations (art. 1).

Art. 5(2) recognizes every individual's right to obtain safe, quality and affordable health services.

Mexico - General Health Law (2017)

Art. 77(a)(36) entitles beneficiaries of the Social Protection System in Health (SSPH, which manages the basic health insurance scheme Seguro Popular) to receive the health services and medicines required for the diagnosis and treatment of diseases in governmental health facilities in the beneficiary's State of choice and free from discrimination.

2. State duty to provide pharmaceuticals

Philippines - National Health Insurance Act (2013)

Art. 1 sec. 2 declares that the State shall endeavour to make essential goods, health and other social services available to all the people at affordable cost and to provide free medical care to 'paupers'. Towards this end, the State shall provide comprehensive health care services to all Filipinos through a socialized health insurance program that will prioritize the health care needs of the underprivileged, sick, elderly, people with disabilities, women and children, and provide free health care services to 'indigents'.

Mexico - General Health Law (2017)

Art. 77(a)(1) entitles all Mexicans regardless of their social status to be incorporated into SSPH (SSPH, which manages the basic health insurance scheme Seguro Popular) by which the State ensures effective, timely, quality health services including pharmaceutical care without payment

at the point-of-service and without discrimination. Health services should consider primary out-patient care as well as secondary out-patient and in-patient care in the basic specialties (i.e. internal medicine, general surgery, obstetrics and gynaecology, paediatrics, and geriatrics).

3. Transparency of governments' action and outcomes for medicines affordability

Philippines - Republic Act No. 7581 (1992)

Sec. 10 establishes powers and responsibilities of the implementing agencies including (6) the immediate dissemination of any mandated price ceiling for any basic necessity or prime commodity under the Department of Health's jurisdiction. Dissemination channels include newspapers of general circulation in the area affected, broadcast by radio, by television (if deemed to be a more effective method), and by posting in public markets, supermarkets or other public places.

Philippines - Republic Act No. 9502 (2008)

Sec. 30 requires the Secretary of the Department of Health to submit a bi-annual monitoring report of the implementation of this Act [titled the Universally Accessible Cheaper and Quality Medicines Act] to the President; this report shall be published in a newspaper of general circulation within 30 days of submission.

Sec. 37 requires the Department of Health to publish in at least two newspapers on an annual basis the generic and brand names of all medicines available in the Philippines.

Chile - Law No. 20584 (2012)

Art. 7 requires the evaluation report of a medicine [to determine if it should be included in the High Cost Diagnostics and Treatment program] to be made public. The scientific evaluation shall comply with ethical and transparency standards.

4. Participation and consultation for medicines affordability

Colombia - Law No. 100 (1993)

Article 2.10.1.1.1. Natural and legal persons participate at the citizen, community, social and institutional level, in order to exercise their rights and duties in health, manage plans and programs, plan, evaluate and direct their own development in health. (adopted in Article 1 of Decree 1757 of 1994)

Article 2.10.1.1.2. For purposes of the present Chapter, the following forms of Participation in Health are defined: (1) Social participation is the process of social interaction to intervene in the health decisions responding to individual and collective interests for the management and direction of its processes, based on the constitutional principles of solidarity, equity and universality in the pursuit of human welfare and social development. Social participation includes citizen and community participation; (2) participation in the institutions of the General System of Social Security in Health (GSSSH).

Art. 2.10.1.1.4 . The levels of Municipal, District and Departmental Direction of the General Security System Social Services in Health will organize a Service of Attention to the Community, through the social participation units and resolve the requests and health concerns of

citizens.

Article 2.10.1.1.5. The Institutions Providing Health Services, whether public, mixed or private, ensure a system of information and attention to the users through a personalized service that will have an open telephone line with permanent attention twenty-four (24) hours and shall ensure, according to the requirements of that service, the necessary human resources to attend systematize and channel such requirements.

Article 2.10.1.1.6. The health promotion companies will ensure the adequate and timely channeling of the concerns and petitions of its members, belonging to the contributory and subsidized and shall designate the necessary resources for this purpose. (adopted in Article 6 of Decree 1757 of 1994)

Article 2.10.1.1.7. In all municipalities Committees of Community Participation in Health will be formed as a space for consultation between the different social actors and the State, whose effects will be integrated as follows: (4) One representative for each of the social and community organizational forms and those promoted around health programs, in the area of the Municipality, such as: (d) User associations and / or guilds of the production, marketing or services, that are legally recognized.

Article 2.10.1.1.8. The functions of the Committees for Community Participation in Health, are the following:

1. Intervene in the activities of planning, resource allocation and monitoring and control of expenditure in everything related to the General System of Social Security in Health in their respective jurisdiction.
2. Participate in the process of diagnosis, programming, control and evaluation of the Health services.
3. Present health plans, programs and priorities to the Board of Directors of the body or health entity, or to whom it acts.
4. To manage the inclusion of plans, programs and projects in the Development Plan of the respective territorial entity and participate in the prioritization, decision-making and distribution of resources.
10. Periodically consult and inform the community in their area of influence on the activities and discussions of the committee and the decisions of the boards of directors of the respective health agencies or entities.
15. To request the mayor and / or municipal council to convene popular consultations for matters of interest in health, that are of general importance or that compromise the reorganization of the service and the investment capacity of the municipality and / or the department, in accordance with the provisions of the statutory law that defines this mechanism.

Article 2.10.1.1.9. System institutions General Health Social Security, ensure citizen participation, community and social in all areas as appropriate, in accordance with the applicable laws.

Article 2.10.1.1.10. An Alliance or Users Association is a group of members from the contributory and subsidized schemes who are entitled to use health services, according to their membership system under the General Social Security System in Health, and who ensure the quality of services and user protection.

All persons affiliated with the General System of Health Social Security may participate in the

institutions of the system, forming user partnerships or alliances that represent them to the institutions providing health services and to the Health Promotion Companies (public, mixed and private).

Chile - Law N° 20850 (2015)

Art. 7 indicates that when evaluating medicines for inclusion in the High Cost Diagnostics and Treatment program, the Undersecretariat of Public Health shall take special account of the opinions and recommendations for diagnoses or treatment to be evaluated, made by its technical advisory committees and groups of patients (in accordance with Art. 30).

Art. 8 requires the Priority Recommendation Commission to be composed of 2 representatives of patients groups registered under Art. 30. The Commission shall recommend the inclusion of treatments on the basis of their scientific, economic, and social value.

Art. 22 establishes a Citizen Commission for the Surveillance and Control of the Financial Protection System for High Cost Diagnostics and Treatments that is comprised of four representatives of patients' associations from organisations registered under Art. 30, 2 of scientific associations, 2 academic faculties of medicine, and 4 experts appointed by the Ministry of Health.

Art. 23 empowers the Citizen Commission to be informed of a) procedures for granting timely and full benefits covered by this fund, d) criteria used by the National Health Fund to comply with policies and instructions, c) to receive a quarterly account of funds transferred and coverage granted by the Fund, d) agreements related to Art 13 (on the obligatory nature of providing the diagnostic and treatment services set out in this law), f) measures, instruments and procedures for granting of benefits incorporated into the Fund.

5. Monitoring and evaluation for medicines affordability

Philippines - Republic Act No. 9502 (2008)

Sec. 23 requires local government units and the Department of Trade and Industry to conduct independent periodic surveys and studies of the selling prices of all medicines, as well as their effect on the family income of different economic groups in the country.

Sec. 28 requires that the surveys and studies referred to in Sec. 23, and their effect on the family income of different economic groups in the country, serve as a database for government efforts to promote access to more affordable medicines.

Sec. 30 requires the Secretary of the Department of Health to submit a bi-annual monitoring report of the implementation of this Act to the President; this report shall be published in a newspaper of general circulation within 30 days of submission.

Mexico - Regulations of the General Health Law in the matter of social protection in health (2014)

Art. 71. It is the responsibility of the Secretariat (to the Ministry of Health) to carry out the necessary evaluation procedures for the adequate provision of the services referred to in this Regulation.

Art. 73. tasks the Secretariat with evaluating the Social Protection System in Health (SSPH),

which is characterized by being:

I. Normative, since it will establish homogeneous methods, criteria, processes and evaluation actions at the national level;

II. Dynamic, since it will adapt to the changes that are required for the same operation of the SSPH, and

III. Participatory, by involving the health authorities of the different levels of government, the providers of services at the level of provision and the population as a whole.

Article 75. The evaluation model of the SSPH itself will have three components:

I. Financial, which will include the monitoring of contributions to the System from both the Federal Government as well as the states and families, the monitoring of the administration of the Protection Fund against Catastrophic Expenditures and the budget forecast, as well as the evaluation of the annual financial and actuarial system, (...);

II. Management, which will take into consideration the identification of the socioeconomic conditions of the target population, the definition and management of resources, the credentialing processes, the elimination of financial and organizational barriers to accessing services, supply and access to medicines associated with health services to the person, as well as the treatment received by beneficiaries of the SSPH in its establishments of medical care.

For purposes of the provisions of this section, an estimate of risks may be available, will consider factors such as economic cycle; migration phenomena; evolution of the cost of treatments and medications; labor costs, and in general any other factor that affects the ability of contributors to meet the objectives of the SSPH, and

III. Impact on the health and financial security conditions of the beneficiary families, which will include the measurement of changes in their health conditions, which should be expected once the interventions are provided by the SSPH, and the changes related to the protection against catastrophic expenses due to health reasons among the beneficiary families.

6. Accountability and redress for medicines affordability

Turkey - Patient Rights Regulation (2016)

Art. 42 establishes patient rights units in the body of health institutions to implement patient rights. At the level of the provincial directorate, a Patient Rights Board is established to evaluate applications, make recommendations and take corrective action.

Art. 43 enables both material and moral damages to be filed against health institutions and organisations for the infringement of patient rights.

South Africa - National Health Act No. 63 (2003) as amended by the National Health Amendment Act No. 12 (2013)

Art. 18(1) allows any person to lay a complaint about the manner in which he/she was treated in a health establishment and have the complaint investigated.

Art. 18(2) requires the relevant member of the Executive Council and every municipal council to establish a procedure for the laying of complaints within those areas of the national health system for which they are responsible.

Art. 18(3) The procedures for laying complaints must-

- a) be displayed by all health establishments in a manner that is visible for any person entering the establishment and the procedure must be communicated to users on a regular basis;
- b) in the case of a private health establishment, allow for the laying of complaints with the head of the relevant establishment;
- c) include provisions for the acceptance and acknowledgment of every complaint directed to a health establishment, whether or not it falls within the jurisdiction or authority of that establishment; and
- d) allow for the referral of any complaint that is not within the jurisdiction or authority of the health establishment to the appropriate body or authority.

Art. 18(4) In laying a complaint, the person contemplated in subsection (1) [the claimant] must follow the procedure established by the relevant member of the Executive Council or the relevant municipal council, as the case may be.

Art. 78 on the Objects of the Office of Health Standards Compliance

The objects of the Office are to protect and promote the health and safety of users of health services by–

- a) monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and
- b) ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in procedurally fair, economical and expeditious manner.

Art. 81(1) requires the Minister to appoint an Ombud.

Art 81A (1) permits the Ombud, on receipt of a written or verbal complaint relating to norms and standards, or on his or her own initiative, consider, investigate and dispose of the complaint in a fair, economical and expeditious manner.

(2) A complaint referred to in subsection (1) may involve an act or omission by a person in charge of or employed by a health establishment or any facility or place providing a health service.

(9) After each investigation, the Ombud must submit a report together with his or her recommendations on appropriate action to the Chief Executive Officer (who must take appropriate action to ensure the implementations of the Ombud's reports and recommendations (Art. 79I(4))) .

(10) Where the Chief Executive Officer fails to act in accordance with the findings and recommendations of the Ombud, the Ombud may request the intervention of the Minister.

(11) The Ombud must, after the conclusion of an investigation, inform the complainant or the respondent or both, as the case may be, of his or her findings and recommendations.

Art. 88A foresees an appeals procedure for any person aggrieved by any decision of the Office of Health Standards Compliance or any finding of the Ombud and it provides for the necessary procedures.

7. Selection of essential medicines

Ghana - National Health Insurance Act No. 852 (2012)

Art. 33. (1) The Authority shall, in collaboration with healthcare providers and with the approval of the Minister, develop a National Health Insurance Medicines List and Medicines Tariff

derived from the Essential Medicines List approved by the Minister.

(2) The Authority shall review the National Health Insurance Medicines List and Medicines Tariff each year in consultation with the healthcare providers and with the approval of the Minister.

(3) The review of the Health Insurance Medicines List and National Health Insurance Scheme Medicines Tariff may involve the addition or deletion of medicines, classification and grouping of medicines and a review of medicine prices.

(4) Each medicine on the Health Insurance Medicines List shall be referred to by the generic name of the medicine unless it is necessary to use the brand name of the medicine.

NB: Art 109 on Regulations. "Medicines Tariff" means the list of prices at which the National Health Insurance Scheme or a private health insurance scheme will reimburse for Medicines supplied under the benefit package of the Scheme;

Indonesia - Law No. 40/2004 (2004)

Art. 22(1) includes in the benefits package the necessary medicines and medical consumables for promotive, preventative, curative and rehabilitative care.

Art. 25 requires the list price and the highest price of medicines that are guaranteed by the Social Security Administering Body to be established in line with legislation.

Indonesia - Law No. 36/2009 (2009)

Art. 36 (1) The Government shall guarantee the supply, even distribution, and affordability of medical supplies, in particular essential medicine.

(2) In guaranteeing medicine supply during an emergency condition, the Government may execute a special policy to supply and utilize medicine and material with medicinal properties.

Art. 37(2) states that the management of health supplies in the form of "essential medicines" and "basic healthcare equipment" shall be carried out by considering the benefits, prices, and factors related to equity.

Art. 38 (1) The Government shall encourage and direct the development of health supplies by utilizing available national potential.

(2) Development as referred to in subsection (1) shall be directed in particular for new medicine and vaccine as well as natural material with medicinal properties.

Art. 40(1) states that the government compiles with lists and types of essential medicines that must be available in the public interest; (2) the list and type of medicines is reviewed every two years according to development s in [population] needs and technology; (3) such medicines shall be available, evenly distributed and affordable by the community; (6) generic medicines in the list of essential medicines should have guaranteed availability and affordability, and their price is controlled by the government.

Uruguay - Law No. 18.211 (2007)

Art. 6 requires the Ministry of Public Health to create a mandatory registry of high-tech diagnostics and therapeutics of high-quality for health services. Any new incorporation of

technology must be approved by the Ministry of Health taking into account the information available, the need for its use and the rationality of its location, and its operation.

Art. 49 indicates that Integrated National Health System users are all persons residing on the territory and who are registered spontaneously or at the request of the National Health Board.

Uruguay - Decree 265/006 (2006)

Art. 1 sets the National Medicines Formulary as the frame of pharmacological coverage.

Art. 3 obliges public health institutions and private medical assistance to provide patients, regardless of the economic resources, with the medicines listed in Annex I of the National Medicines Formulary [basic medicines], which should be available to patients and professionals. Annex III of the National Medicines Formulary [high-priced medicines] on will be provided by the National Resource Fund subject to protocols and guides and regulations.

Art. 7 requires the Advisory Committee on the National Medicines Formulary to a) review and annually update the Formulary, recommending modifications and advising the Ministry of Health on the inclusion or exclusion of medicines. It is the responsibility of the Ministry of Health to execute the updates of the National Medicines Formulary.

Art. 10. permits institutions and services to provide their patients with medicines not included in the National Medicines Formulary provided that the medical product is registered by the Ministry of Health.

8. Sufficient government financing for essential medicines

Nigeria - National Health Act No. 8 (2004)

Art. 11 establishes the Basic Health Care Provision Fund that shall be financed from inter alia an annual grant from the federal government of not less than 1% of the Consolidated Revenue Fund. 50% of the Basic Health Care Provision Fund shall be used to provide basic minimum package of services to citizens through the National Health Insurance Scheme. An additional 20% of the Basic Health Care Provision Fund shall be used to provide essential medicines, vaccines and consumables for eligible primary care facilities.

Philippines - National Health Insurance Act (2013)

Art. 4 Sec. 19 establishes the Health Finance Policy Research Department within the PhilHealth Corporation, which has the duty to (a) develop a broad conceptual framework for implementation of the Program through a National Health Finance Master Plan to ensure sustained investments in health care, and to provide guidance for additional appropriations from the National Government.

Art. 5 Sec. 24 creates a National Health Insurance Fund that consists of (b) other appropriations earmarked by the national and local governments purposely for the implementation of the Program.

Art. 8 Sec. 36 indicates that to augment their funds, local government units shall invest the capitation payments given to them by the PhilHealth Corporation on health infrastructures or equipment, professional fees, drugs and supplies, or information technology and databases.

Art. 11 Sec. 46 requires that in 1995 and thereafter 25% of the increment in total revenue collected under Republic Act No. 7654 [on the tax base] shall be appropriated in the General

Appropriations Act solely for the National Health Insurance Fund. In addition, in 1996 and thereafter 25% of the incremental revenue from the increase in the documentary stamp taxes under Republic Act No. 7660 shall likewise be appropriated solely for the said fund.

Art. 13 Sec. 58 establishes that the Government of the Philippines guarantees the financial viability of the Program.

9. Pooling user contributions for essential medicines

Ghana - National Health Insurance Act No. 852 (2012)

Art. 28(1-3) members of the Scheme must pay contributions determined by the Board in consultation with the Minister.

Art. 29 lists people exempt from paying contributions; they include children, people requiring antenatal and postnatal and delivery care, people with mental disorders, people classified as indigent, categories of differently-abled persons, pensioners, contributors to social security and national insurance trust, people over 70 years, and other categories.

Philippines - National Health Insurance Act (2013)

Art. 1 Sec 2 recognises the principles of (l) compulsory coverage where all citizens are required to enrol in the national health insurance program to avoid adverse selection and social inequity;

Art. 3, Sec 5 mandates that all citizens of the Philippines shall be covered by national health insurance program. The program is compulsory in all provinces and municipalities nationwide.

Turkey - Law No. 5510 (2006)

Art. 68 foresees charging patients a contribution fee for specific health services, including out-patient medicines at a rate of 10-20% of the rates determined by the Social Security Institute. Rates should account for the patient's income, the importance of the service to the health of the patient, and similar criteria. The contribution fee is capped at 75% of the minimum wage and it may be waived for low-income households, refugees and stateless persons, and needy pensioners.

Art. 69 waives the fee for victims of occupational diseases or accidents in military operations, health services provided due to disaster and war, consultations with family physicians and other protective/preventative health services, treatment of documented chronic diseases and vital healthcare services, people and their spouses who receive a military pension (various types) or a compensation in cash pension, individuals who benefit from free protection, care or rehabilitation services of the Institution of Social Services and Child Protection, and military cadets.

Art. 79 obliges the beneficiary to pay premiums for universal health insurance and the Social Security Institution to collect those premiums.

10. International assistance and technical cooperations for medicines affordability

Nigeria - National Health Act No. 8 (2014)

Art. 2(1)(c) requires the Ministry of Health to collaborate with that national health departments in other countries and international agencies.

Art. 11(2) establishes the Basic Health Care Provision Fund that shall be financed from inter alia grants by international donor partners. [20% of the Fund shall be used to provide essential drugs,

vaccines and consumables for primary health care facilities (art. 3(b)).

Mexico - Internal Regulations of the Health Secretariat of 19 January 2004

Art. 41(V) requires the Health Technology Institute to establish permanent coordination with international agencies dedicated to the evaluation and management of health technologies for information exchange and continuous participation.

11. Efficient and cost-effective spending on essential medicines

Philippines – National Health Insurance Act (2005) amended by National Health Insurance Act (2013)

Art. 1 Sec. 2 recognises the principles of (f) effectiveness to balance the economical use of resources with quality of care; (q) cost containment where these features are integrated into the operations and design to provide a viable means of helping the people pay for healthcare services.

Art. 3 sec. 10 specifies the benefits package that members and their dependents are entitled to shall be reviewed annually to determine their financial sustainability and relevance to health innovations, with the end in view of quality assurance, increased benefits and reduced out-of-pocket expenditure.

Art. 3 sec. 11. permits the PhilHealth Corporation not to cover expenses for health services which the Corporation and the DOH consider cost- ineffective through health technology assessment. The Corporation may institute additional exclusions and limitations as it may deem reasonable in keeping with its protection objectives and financial sustainability.

Philippines - Republic Act No. 7581 (1992)

Sec 2-3. aims to ensure that government policy provides for the availability of basic necessities [including essential medicines] and price commodities at reasonable prices at all times without denying legitimate business a fair return on investment. The State's responsibilities include to take measures to promote the production of basic necessities and their improved and efficient transport and distribution, to stabilise prices at reasonable levels, to introduce penalties for illegal price manipulation and to protect consumers from inadequate supply and unreasonable prices in the case of emergencies.

Sec 5 (2-3) prohibits illegal acts of price manipulation of any basic necessity or prime commodity [including non-essential medicines] such as 'profiteering' (i.e. sale at a price grossly in excess of its true worth) and 'cartel' (i.e. any agreement between people engaged in the process from production to sale designed to artificially and unreasonably manipulate prices).

Sec. 6 (1-6) permits the prices of basic necessities to be automatically frozen and placed under price control when that area is proclaimed or declared a disaster area (man-made or natural, local or foreign), under emergency, under martial law, in a state of rebellion, a state of declared war, or when the right to report unlawful detention (the writ of habeas corpus) is suspended.

Sec. 7 (2-5) If the prevailing price of a basic necessity is excessive or unreasonable in any of the above situations, the implementing agency may recommend a price ceiling is adopted for not more than 60 days. Price ceilings on basic necessities and prime commodities may be adopted in the threat, existence, or effects of an emergency or any event that causes artificial and

unreasonable price increase, prevalence or widespread acts of illegal price manipulation, or whenever the prevailing price has risen to unreasonable levels.

Sec. 8 establishes a procedure for determining price ceilings.

Philippines - Republic Act No. 9502 (2008)

Sec. 2 establishes the policy of the State to protect public health and, when the public interest or circumstances of extreme urgency so require, it shall adopt appropriate measures to promote and ensure access to affordable quality drugs and medicines for all. The State recognises an effective competition policy as a primary instrument to achieve this objective and the regulation of prices of drugs and medicines as a reserve instrument.

Sec. 17 allows the government to set maximum retail prices for any or all medicines, including essential medicines (section 23). These measures must be executed immediately and may only be challenged on a preliminary basis by the Supreme Court.

Secs. 18-19 grants the government the power to establish a price monitoring and regulation system for medicines; to implement cost-containment or other measures, such as but not limited to competitive bidding or price-volume negotiations; and to impose administrative fines and penalties.

Indonesia - Regulation No. 28/2014 (2014)

Chapter 4(A)(4) National Health Insurance/*Jaminan Kesehatan Nasional* health services are provided in a tiered, effective and efficient manner in accordance with the principles of quality and cost control.

Chapter 4(C)(1)(A)(5) The National Health Insurance/*Jaminan Kesehatan Nasional* benefits in non-specialist care include drug services and medical consumables.

Chapter 4(C)(1)(B)(4) The National Health Insurance/*Jaminan Kesehatan Nasional* benefits in advanced levels of care include drug services and medical consumables.

Chapter 4(C)(1)(E)(2) JKN benefits do not include (J) complementary medicine, alternative and traditional therapies that have not been declared effective by health technology assessment; (K) treatment and medical procedures that are classified as experimental; (N) catastrophic health care in response to emergencies or extraordinary outbreaks.

Indonesia - Law No. 36/2009 (2009)

Art. 40(4) states that in emergencies the government may adopt specific policies for the procurement and use of essential medicines; (5) this may be done through exceptions to patent provisions in accordance with legislation; (6) generic medicines in the list of essential medicines must have guaranteed availability and affordability, and their price is determined by the government.

12. Financial protection of the poor and vulnerable

Chile - Ministerial Decree No. 1 (2006)

Art. 141 prohibits healthcare providers from demanding a guarantee by cash or cheque from patients.

Art. 147 entitles the “indigent” or people lacking resources to receive care free-of-charge.

Art. 161 requires the State, through the National Health Fund, to contribute to financing medical benefits according to a percentage of the value indicated by law. This amounts to 100% of co-payments for groups A & B [the ‘indigent’ and people with incomes below minimum wage], 75% of co-payments for group C [people with monthly income at not more than 1.46 times the minimum wage], and 50% of co-payment for group D [people with monthly income amounting to more than 1.46 the minimum wage]. Different co-payment percentages may be established for medicines, such as for catastrophic expenses. Beneficiaries must cover the difference between the State contribution and the cost of healthcare. Certain exceptions may apply.

Chile - Law No. 19966 (2004)

Art. 4 obliges the National Health Fund to cover the total value of Explicit Health Guarantees for categories A and B.

Art. 18 limits changes in the value of the Universal Premium for the Explicit Health Guarantees to not higher than the variation expected in hourly general compensation.

Chile - Law No. 20850 (2015)

Art. 2 defines the ‘financial protection system’ (d) to be a set of benefits and entitlements that the National Health Service (through this Fund and Act) is obliged to ensure , in particularly through the ‘high-cost treatment’ to beneficiaries (defined in (b) as a high cost that prevents access and exposes the beneficiaries to catastrophic expenditures).

Art. 3 permits the costs of expensive treatments in the High-Cost Diagnostics and Treatment Fund to be reimbursed by the National Health Fund.

Colombia - Law No. 1751 (2015)

Art. 6. The fundamental right to health involves the following essential elements:

- c) Equity. The State must adopt public policies aimed at specifically improving the health of poor people, of vulnerable groups and subjects of special protection;

- f) Prevalence of rights. The State must implement concrete and specific measures to ensure comprehensive care for children and teenagers, in compliance with their prevailing rights established by the Political Constitution. These measures will be formulated by vital cycles: prenatal six (6) years, of (7) to fourteen (14) years, and fifteen (15) to the eighteen (18) years;

The principles set forth in this article should be interpreted in a harmonious way without privileging some of them over others. The above does not preclude the adoption of affirmative action for the benefit of subjects of special constitutional protection, such as the promotion of the best interests of girls, boys and pregnant women and people of low resources, vulnerable groups and subjects of special protection.

Art. 11. The care of children and adolescents, pregnant women, refugees, victims of violence and armed conflict, elderly, people suffering from orphan diseases, and the disabled, shall be especially protected by the State. Health care provision to these groups shall not be limited by any kind of administrative or economic restriction.

Pregnant women shall be provided all necessary access to health services during and after pregnancy, and they shall be guaranteed the enjoyment of all their fundamental rights of access to health care services.

Jordan - Civil Health Insurance of 2016

Art. 17 exempts the following patients from paying treatment or medical fees: a) people with a communicable disease requiring isolation, b) a person who becomes ill while in isolation c) a person receiving treatment for illness due to natural disaster, epidemic, group poisoning, or mass incidents.

Art. 18 Exempts the following patients from paying treatment costs in hospitals or medical centres: a) people with mental illness, b) recommendations of the Ministry of Social Development, c) users of alcohol, narcotic drugs, psychotropic and toxic substances, d) persons with bites (i.e scorpions), e) people infected with AIDS, f) people infected with a list of chronic blood diseases, g) people infected with cystic fibrosis, h) people receiving cancer treatment and related complications, i) people being screened for breast cancer.

Art. 19 requires the Ministry to provide the following services free-of-charge: a) vaccines for the purpose of prevention and treatment of communicable diseases, b) motherhood and child services and family planning, g) any other situation determined by the Minister for the protection of public health.

Art. 25 permits the National Civil Health Insurance Fund to bear 81% of the treatment costs if the illness is approved as an emergency, in accordance with the law.

Art. 27 permits Jordanian children under 6 years of age to be treated free of charge in the centers and hospitals of the Ministry provided they are not covered by any other health insurance.

Jordan - Decision of Council of Ministers No. 5157 on 13/8/2014 on the mechanism of coverage of poor families under the umbrella of civil health insurance

Point 2 establishes the eligibility criteria for coverage: be a Jordanian citizen who is not covered by any other health insurance and have a family income of less than 611 dinars per month. This includes children aged 6-18 years, those who study within and outside Jordan up to age 25 or until graduation, and single, unemployed women.

Point 3 grants coverage for 1 dinar for a 3-year term during which time the cost of treatment is covered by the Ministry of Health.

Jordan - Instructions No. 9 (2006) to include pregnant women in civil health insurance

Art. 2 applies these instructions to Jordanian pregnant women who are not covered by any health insurance.

Art. 3 enables the participation of these women in the National Civil Health Insurance Fund for 50 dinars.

Art. 4 allows for insurance coverage from the date pregnancy is established until 42 days post-partum.

Jordan - Instructions No. 3 (2008) on maternity services, childhood and family planning

Art. 1 requires health services for children to be provided from the date of birth until age 6.

Art. 3 requires the Ministry of Health to provide free-of-charge maternity and childhood services, and family planning services in government centres. Services are limited to those established by law.

Art. 4 requires the Ministry to provide free-of-charge vitamins and minerals of all kinds, antihypertensives including for children, oral dilution powder, and temporary contraceptives.